

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 2 - 2 4</u>	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431 Subpart M	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.16-178	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.16-178 TN# 96-28

10. SUBJECT OF AMENDMENT:

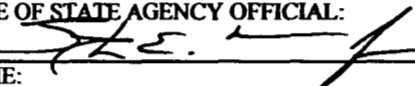
Cooperative Agreement between the Department of Social Services, Division of Medical Services and the Department of Health and Senior Services (DHSS) to consult and collaborate with the aim of better measuring and improving the quality of health care provided to Missouri Medicaid recipients an integral part of administering the Medicaid program.

11. GOVERNOR'S REVIEW (Check One)

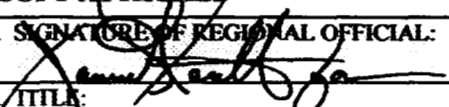
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *Ce*      ☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Department of Social Services Division of Medical Services 615 Howerton Court P.O. Box 6500 Jefferson City, MO 65109
13. TYPE NAME: Dana Katherine Martin	
14. TITLE: Director	
15. DATE SUBMITTED: September 27, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>09/30/02</u>	18. DATE APPROVED: <u>NOV 07 2002</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>07/01/02</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Thomas W. Lenz	22. TITLE: ARA for Medicaid & State Operations
23. REMARKS: CC: Martin Vadner Waite DGG/DIATA  SPA Control Date Submitted <u>9/27/02</u> Date Received <u>9/30/02</u>	

**COOPERATIVE AGREEMENT**  
**between**  
**THE MISSOURI DEPARTMENT OF SOCIAL SERVICES**  
**DIVISION OF MEDICAL SERVICES**  
**and**  
**THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**for**  
**QUALITY ASSESSMENT AND IMPROVEMENT**

**PURPOSE**

The Missouri Department of Social Services, Division of Medical Services (DSS/DMS) is responsible for administering the Missouri Medicaid program to improve accessibility and quality of health services for Missouri's Medicaid and state eligible populations. DSS/DMS has a responsibility to ensure that Medicaid recipients are obtaining high quality health care which leads to improved health. DMS will use the tools of Continuous Quality Improvement, population-based quality measures, epidemiology, and statistics to fulfill this responsibility in partnership with Health Care Plans and Providers. The Missouri Department of Health and Senior Services (DHSS) is responsible for assessing and improving the health of all Missourians. DHSS has particular expertise in utilizing these tools as well as an information system containing multiple population health data bases.

Therefore, DSS/DMS wishes to consult and collaborate with DHSS with the aim of better measuring and improving the quality of health care provided to Missouri Medicaid recipients, an integral part of administering the Medicaid program.

**MUTAL OBJECTIVES**

- Cooperate and collaborate through the Missouri Interagency Health Group on health care quality measures in the state public sector;
- Development of a core set of population-based Quality Indicators by the Missouri Health Systems Partnership Quality Working Groups, composed of experts from the public and private sectors;
- Development of an integrated Data Warehouse of client service and population-based health data, including hospital encounters, birth certificates, death certificates, and communicable disease reports by DHSS; and
- Matching enrollment data files with DHSS databases.

**DSS/ DMS, as part of its responsibility for administering the Missouri Medicaid program agrees to:**

1. Reimburse the (DHSS) for the epidemiology support services provided to the (DMS);
2. Provide Medicaid enrollment data tapes with monthly updates to DHSS upon approval by the Centers for Medicare and Medicaid Services (CMS); both fee for service and MC+ Health Plan recipients (Plan specification to be included for MC+ Health Plan enrollees);
3. Provide Medicaid claims records for selected conditions based upon quality indicators to be monitored;
4. In consultation with DHSS, specify quality indicators it wished measured utilizing enrollment matches with DHSS databases;
5. In consultation with DHSS, specify the entire set of quality indicators it will use to measure the quality of health and health care provided to Missouri Medicaid recipients, the frequency of measures, and the format and distribution of reports;
6. In consultation with DHSS, determine what benchmark comparison it wishes to use to compare the health and health care of Medicaid recipients with other relevant populations in Missouri and the United State; and
7. Identify the DMS personnel responsible for working with DHSS on these projects, to form a joint Medicaid Quality Information Team; this Team would be accountable to the Directors of DMS and DHSS and report quarterly to the Directors and the Medicaid QA&I Advisory Group.

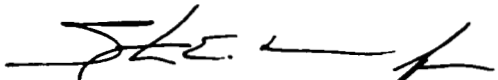
**DHSS, as consultant and collaborating agency, agrees to:**

1. Employ staff to provide epidemiology support services to the DMS;
2. Costs claimed for services provided by DHSS will be supported by a written agreement that includes, at a minimum (1) the specific service(s) being purchased; (2) the basis upon which the billing will be made by DHSS (e.g. time reports, etc.) as outlined in the format provided by the Department of Social Services, Division of Budget and Finance (DSS/DBF) of Attachment A of this agreement; and (3) a stipulation that the billing will be based on the actual cost incurred.
3. Match Medicaid enrollment files with DHSS databases to derive quality indicator measures desired by DMS;
4. Add Medicaid immunization encounters to the MOHSAIC immunization registry to monitor the immunization status of Medicaid children and recommend information to be provided to providers for follow-up activities to increase immunization rates;

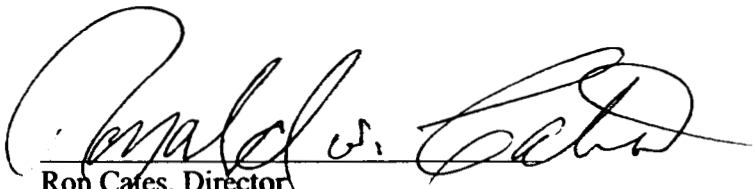
5. Ensure secure electronic storage for Medicaid enrollment and claims files, with access permitted only for projects approved and authorized by DMS for the administration of the Medicaid program;
6. Strictly limit access, approved in writing by DMS director, of recipient specific information to DHSS personnel (employees and contractors) working on approved projects noted in 5 and researchers working on projects approved by DMS which further the administration of the Medicaid program; maintain the confidentiality of client records and eligibility information received from DMS and use that information only in the administrative, technical assistance, coordination and quality assurance activities authorized under this agreement;
7. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies and regulations on program matters including the review and approval by DMS of all printed material developed by DHSS to fulfill this agreement;
8. Get DMS approval in writing before releasing any data or reports derived from Medicaid enrollment files to any other agency or the public;
9. In consultation with DMS specify the entire set of quality indicators it will use to measure the quality of health and health care provided to Missouri Medicaid recipients, the frequency of measures, and the format and distribution of reports;
10. In consultation with DMS, provide comparative benchmark analyses of quality indicator measures utilizing other available population when desired by DMS,
11. Prepare for DMS, when requested, reports summarizing quality indicator measures, including public consumer guides;
12. Identify DHSS personnel responsible for providing these services to DMS, who will become part of the Medicaid Quality Information Team, with accountability as noted above; and
13. Provide staff support to DMS for its Quality Assessment and Improvement programs and to the Medicaid QA&I Advisory Group.

**TERMS OF THIS AGREEMENT**

The effective date of this Agreement shall be July 1, 2002. This agreement may be amended upon agreement of both parties or may be canceled at any time upon agreement by both parties or by either party after giving thirty days prior notice in writing, provided, however, that reimbursement shall be made only for the period when the agreement is in full force and effective.

  
\_\_\_\_\_  
Dana Katherine Martin, Director  
Department of Social Services

9/27/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Ron Cates, Director  
Department of Health and Senior Services

9/20/2002  
\_\_\_\_\_  
Date

Attachment 1  
Documentation of Claims

**This agreement identifies the basis upon which claims will be documented by the Department of Health and Senior Services ("the Agency") for expenditures funded by Title XIX Administration for the purposes specified under this agreement.**

**General Provisions:**

- 1) All costs must satisfy the general provisions for allowability of costs as defined in OMB Circular A-87.
- 2) All costs must satisfy the specific provisions for allowability of costs as defined by all applicable Federal program rules.
- 3) DSS shall only reimburse the allowable Federal share specified by the program.
- 4) All matching funds supporting the billing must be consistent with applicable Federal regulations governing such funds and certified by the Agency with each billing.
- 5) Any deferrals, disallowances, questioned costs, or other items not allowed for Federal Financial participation, claimed by DSS on behalf of the Agency, shall be returned either to DSS or directly to the Federal agency (as determined by DSS) by the Agency.
- 6) Billings will be based on the actual cost incurred.

**Framework:**

45 CFR Part 95.507 (6) "...costs..for services provided by a governmental agency outside the State agency...will be supported by a written agreement that includes, at a minimum (i) the specific service(s) being purchased, (ii) the basis upon which the billing will be made by the provider agency (e.g. time reports, number of homes inspected, etc.) and (iii) a stipulation that the billing will be based on the actual cost incurred."

**Documentation Standards – Basis Upon Which the Billings Will Be Made:**

**Salaries and Wages:** Please refer to OMB Circular A-87, Attachment B – Selected Items of Cost, Section 11 – Support of Salaries and Wages.

*Check the item(s) that apply:*

     Employees will work solely on activities funded by Title XIX Administration for the purposes specified under this agreement. Employee payroll records will support the documentation requirements. The Agency agrees to periodically certify that these employees worked solely on that program for the period covered by the certification. Certifications will be prepared at least semi-annually and be maintained by the Agency for inspection by DSS or the Federal agency as they may require.

  X   Employees work on multiple activities or cost objectives in addition to the activities funded by Title XIX Administration for the purposes specified under this agreement. Distribution of their salaries or wages will be supported by personnel activity reports that:

- a) reflect an after the fact distribution of the actual Title XIX Administration activity reimbursable under the purposes of this agreement of each employee, and;
- b) account for the TOTAL activity for which each employee is compensated, and;
- c) be prepared at least monthly and coincide with one or more pay periods.

and,or

Will be supported by a statistical sampling system or other substitute system.

State Plan TN# Q2-24

Supersedes TN# New Material

Effective Date NOV 07 2002

Approval Date July 1, 2002

*[If the cost will be supported by a statistical sampling system or other substitute system, you must attach a detailed description of your allocation methodology. Any changes to that methodology implemented after execution of this agreement will require an amendment to this agreement.]*

**Expense and Equipment:** Please refer to OMB Circular A-87 Attachment A, Section D, Composition of Cost, and OMB Circular A-87 Attachment B – Selected Items of Cost

Check the item(s) that apply.

  X   Direct costs: Costs of materials acquired, consumed, or expended benefit only Title XIX Administration for the purposes specified under this agreement.

  X   Allocable Costs: Cost are chargeable or assignable in part to Title XIX Administration for the purposes authorized under this agreement in accordance with relative benefits received.

*[If expense and equipment items are allocable you must attach detailed description of the methodology you will utilize to assign those costs in accordance with the relative benefits received under this agreement. Any changes to that methodology implemented after execution of this agreement will require an amendment to this agreement.]*

**Automated Data Processing Costs:** Please refer to 45 CFR Part 95 Subpart F.

Check the item(s) that apply:

       Costs for automated data processing equipment and services will not be included as a direct charge to Title XIX Administration for the purposes under this interagency agreement.

  X   Costs for automatic data processing equipment and services will be included as a direct charge to Title XIX Administration for the purposes under this interagency agreement. We have complied with all provisions 45 CFR Part 95, Subpart F

  X   Direct Costs: Costs for automated data processing equipment and services will be included as a direct charge for those costs that benefit only Title XIX Administration for the purposes specified under this agreement.

  X   Allocable Costs: Costs for automated data processing equipment and services will be included as chargeable or assignable in part to Title XIX Administration for the purposes authorized under this agreement in accordance with relative benefits received.

*[If automated data processing costs are allocable you must attach detailed description of the methodology you will utilize to assign those costs in accordance with the relative benefits received under this agreement. Any changes to that methodology implemented after execution of this agreement will require an amendment to this agreement.]*

**Indirect Costs:**

Check the item that applies:

       State agency indirect costs will not be included.

  X   State agency indirect costs will be included. They have been approved as evidenced by our Federally Approved Indirect Cost Negotiation Agreement.

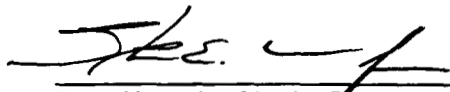
*[If indirect costs are to be included, you must attach a copy of your current Federally Approved Indirect Cost Negotiation Agreement. The annual or bi-annual changes to indirect cost rates - provided they have been approved in your Federally Approved Indirect Cost Negotiation Agreement - will be allowed and will not require an amendment to this agreement, provided that a copy of the newly approved agreement is provided to the DSS Division of Budget and Finance.]*


State Plan TN# 02-24

Effective Date July 1, 2002

Supersedes TN# New Material

Approval Date NOV 6 7 2002

  
Dana Katherine Martin, Director  
Social Services  
Date 9/27/02

  
Ronald Cates, Interim Director  
Department of Health and Senior Services  
Date 9/20/2002

State Plan TN# 02-24  
Supersedes TN# New Material

Effective Date July 1, 2002  
Approval Date NOV 07 2002



# STATE AND LOCAL RATE AGREEMENT

EIN #: 1446000967B6

DATE: August 7, 2002

DEPARTMENT/AGENCY:  
Missouri Department of Health & Senior Services  
P.O. Box 570  
Jefferson City MO 65102-0570

FILING REF.: The preceding  
Agreement was dated  
July 11, 2000

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

## SECTION I: INDIRECT COST RATES\*

RATE TYPES: FIXED		FINAL	PROV. (PROVISIONAL)	PRPD. (PREDETERMINED)	
TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRPD.	07/01/00	06/30/02	37.5	On Site	All Programs
PROV.	07/01/02	UNTIL AMENDED	31.3	On Site	All Programs

\*BASE:

Direct salaries and wages including all fringe benefits.

(1)

State Plan TN# 02-24  
Supersedes TN# New Material

Effective Date July 1, 2002  
Approval Date NOV 07 2002

DEPARTMENT/AGENCY:  
Missouri Department of Health & Senior Services

AGREEMENT DATE: August 7, 2002

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition -

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit.

FRINGE BENEFITS:

FICA

Retirement

Disability Insurance

Life Insurance

Health Insurance

Worker's Compensation

Unemployment Insurance

Deferred Compensation



DEPARTMENT/AGENCY:  
Missouri Department of Health & Senior Services

AGREEMENT DATE: August 7, 2002

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given asset, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in the indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the cost/allowable cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been awarded consistent treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rates would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system reported by the organization to be in effect during the agreement period. Changes in the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the recipient agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowance.

C. FIXED COSTS:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future period to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE OF OTHER FEDERAL AGREEMENTS:

The rates in this Agreement were approved in accordance with the guidelines in Office of Management and Budget Circular A-67 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The recipient may provide copies of this Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a method other than the approved rates, in this Agreement, the organization should (1) credit such costs to the affected program, and (2) apply the approved rates to the appropriate base to identify the proper amount of indirect costs allowable to these programs.

BY THE DEPARTMENT/AGENCY:

Missouri Department of Health & Senior Services

DEPARTMENT/AGENCY:

*Peggy Monarr*

(Signature)

Peggy Monarr

NAME:

Director, Division of Administration

TITLE:

8-13-02

DATE:

BY THE DONOR/AGENCY:

IN SUPPORT OF THE FEDERAL GOVERNMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(Agency)

*Henry Williams*

(Signature)

Henry Williams

NAME:

DIRECTOR, DIVISION OF COST ACCOUNTING

TITLE: CENTRAL STATES FIELD OFFICE

August 7, 2002

DATE: 7/17/02

ONS REPRESENTATIVE: Terri L. Lestic

Selection: (214) 767-5352